

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3		1				
4		1				
5		1				
6		1				
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50						
TOTAL IND.	3					
TOTAL DEP.	11					
TOTAL CLAIMS	14					

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
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TOTAL CLAIMS								